

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

XX Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

STATE <u>Texas</u>	A
DATE RT <u>AUG 15 1995</u>	
DATE APVD <u>JAN 12 1996</u>	
DATE EFF <u>JUL 01 1995</u>	
HCFA 179 <u>95-24</u>	

TN No. 95-24
Supersedes
TN No. JAN 12 1996

Effective Date JUL 01 1995

SUPERSEDES: NONE - NEW PAGE